

QUALITY ASSURANCE REVIEW – FINAL REPORT

REACH Inc.

7/1/03 – 12/31/04

General Areas

A. Administrative

1. Significant Events From the Agency

- In May, a group of 12 Transitional Living clients, accompanied by three staff members, set sail on a Disney Cruise bound for the Bahamas. Most of the vacationers had never ventured so far away from home and everyone met with new experiences. The trip presented opportunities for banana boat rides, a trip to a shark and stingray aquarium, dolphin petting, and exotic cuisine. Everyone agreed that the adventure at sea was well worth the challenges and lessons of frugal budgeting. Because the trip was organized and carried out internally by Reach Inc., the vacation cost less than half of what the leading vacation-provider charges for the same trip.
- Staff turnover has remained below state averages. Reach has been successful in attracting and keeping qualified staff in FY04. Overall turnover was 81%, well below the state average of 120%. It should be noted that management staff have considerable experience and tenure at Reach Inc. Their tenures include 19, 18, 16, 14, 13, 11, 10, 8, 7, 7 and 6 years of experience at Reach Inc.
- A new transportation contract was put in place this past year. Rides are provided throughout the day for residential and vocational clients.
- In keeping with its mission of supporting adults with disabilities to attain their individual goals and aspirations, Reach continues working on a Capital Campaign to build a new and larger Work Center facility. The corporation is planning to build a 12,000 square foot building that is purpose built to meet the needs of the clients with disabilities. Reach has raised \$262,000 towards its goal of \$275,000. (Late breaking news: Capital Campaign has achieved its financial goal!)
- The apartments at the North Tracy facility received complete bathroom makeovers this year. New shower/tub units with ceramic tile, new sinks, new oak cabinets and new flooring complete the remodel.

2. Policies and Administrative (DDP) Directives

Reach Inc. has continued its tradition of maintaining an excellent set of policies or governance of its organization. There is an organized and systematic policy review process in place. Reach management staff request updated DDP policy information to keep the corporation policies up-to-date.

3. Licensing

Cedarview, Willow, Valley Creek and N. 3rd Group Homes were licensed through 5/30/05. There were significant comments from the Sanitarian regarding the excellent review of the homes. There were no deficiencies noted.

4. Accreditation
Reach was awarded a three-year accreditation by the Rehabilitation Accreditation Commission that is set to expire in June of 2005. They were surveyed in May, 2002 and received a very favorable report. A response to recommendations was sent to CARF from Reach on 8/28/02 and was accepted by CARF on 9/12/02 as having met their standards in the Quality Improvement Plan. Accreditation is no longer required of provider agencies by the DDP. Currently Reach is planning an internal type of review based on accreditation practices.
5. Agency Internal Communication Systems
All staff are assigned a voice mail box and written communications are transported to and from residences via the client transportation system.
6. Fiscal
A desk review of Reach's annual fiscal audit by Russ Hill for FY '03 ending June 30, 2003 found the audit report acceptable and the opinion on the financial statements was unqualified. The audit report noted the small size of the accounting department but the agency director indicated that the auditor did not take into account the fact that he is heavily involved with budgets and financials of the corporation. It was also noted that there should be policies for accounting. There is now an accounting policy and a procedures manual.
7. Appendix I
There were no special items listed in Appendix I for Reach Inc.

Specific Services Reviewed

- A. Residential
 1. Accomplishments
See above.
 2. Programmatic Deficiencies
None noted.
 3. Corrections to Deficiencies
None Needed
 4. Health and Safety
 - i. Vehicles
Reach Inc. has a regular vehicle maintenance inspection and service plan. There is a driver's training curriculum that each staff person must complete. Staff indicate that there is good follow-up with repairs and maintenance of vehicles.
 - ii. Consumers
Consumers (for those whom it is appropriate) are offered training (per their Individual Plan) in safety skills such as calling 911 and recognizing emergencies. In June, 24 clients went through evacuation smoke training with a special trailer instructed by members of the Bozeman Fire Department. Firefighters indicated to

staff that they were very impressed with the knowledge of safety exhibited by the participants.

iii. Medication Safety

Reach Inc. has a comprehensive medication safety program in place. There are detailed policies and procedures in place and functioning. All med errors are reviewed by the immediate supervisor, the responsible client services director and the corporation safety committee. In calendar year '04, this reviewer noted 79 med errors as reported through incident reports. None required any medical attention or produced any untoward effects as reported. It appears that 33 med errors may have been related to staff error. This should be viewed in light of 105,000 medication dosages assisted with by Reach staff for the same time period. The Reach Safety Committee is very diligent in reviewing the med errors reported, giving feedback to staff and recommending changes to policies and procedures as warranted as documented in the Safety Committee minutes. During the periodic reviews of the medications logs of the various residences, no apparent errors or omissions were noted during this reporting period.

iv. Sites

A site review of the Cedarview Group Home (intensive) was conducted on 2/25/03. Everything appeared to be in good order and exceptionally clean. The medications logbook was exceptional with detailed instructions and photos of the various medications. It should be noted that this residence scored a complete 100 points on the sanitation review.

A site review of the N. 3rd Group Home (intensive) was conducted on 2/26/03. There were no hazards noted, the home was very clean and in good repair with the exception of one light bulb out. It needs to be noted that this residence scored a complete 100 points on the sanitation review.

A site review of one supported living apartment (not owned by the corporation and done with the resident's permission) (was conducted on 3/4/03. The safety checklist was complete. There were no hazards noted, apartments were maintained and clean. C.A. was reviewed for supported living also but he currently lives in the family home.

A site review of the N. Tracy Apts. (corporation-owned) was conducted on 10/26/04. No hazards noted. Apartments were maintained and clean. See note above regarding bathroom upgrades. Noted that one gas evacuation drill (4/16/04) was conducted with each apartment separately. Very thorough training. There was good follow-up with corrections on safety checklists.

A site review of the S. 15th Apts. (corporation-owned) was conducted on 10/29/04. This facility is aging but in good repair. Corporation is working towards replacing it. No hazards were noted. It was very nice to see that the heater vents have been kept free of clutter. #2 apartment's oven needed cleaning (staff were advised) but there was lots of new carpet in this apartment. #3 had a bath sink valve that was inoperative. Staff were advised of this also. A review of the various drills conducted indicated a significant pattern of weekday afternoon, early evening drills. Some drills should take place on weekends. The CSD pointed out that this is a very busy place with residents on the go and the drills were conducted to include the maximum amount of residents.

A site review of the Willow Townhouse (standard group home) was conducted on 10/21/04. Some lint buildup was noted in the south dryer, staff was advised and was cleaning it as I left. The facility was very clean and no hazards noted. Safety checklists looked very good. Staff indicated that items get fixed right away and are very pleased with the maintenance program.

A site review of the Valley Creek Townhouse (standard group home) was conducted on 10/22/04. No hazards were noted and it was very clean with one exception. The East side oven needed a new seal and the vent filter needed cleaning. Staff were advised to write a maintenance request and to put the vent filter in the dishwasher every month or so. All shifts were represented in the various evacuation drills.

5. Service Planning and Delivery

i. Individual Planning

A review of the annual IP documents for

----- showed that all requirements were met. There did not appear to be unmet needs for the individuals reviewed.

ii. Leisure / Recreation

There is significant documentation of leisure / recreation activities taking place in all service areas.

iii. Client Rights

Prior to each IP meeting rights are reviewed with each consumer.

iv. Medical / Health Care

There is significant documentation via IP documents and medical logs that there is systematic attention given to health issues and the procurement of medical care. Medicaid reimbursement and locating Medicaid medical providers has been an increasing issue. No unmet medical needs were noted in the IP record.

v. Emotionally Responsible Caregiving

Reach management and staff embrace the precepts of emotionally responsible caregiving. This is apparent in the types of training provided, policies and procedures, and observing staff interactions with consumers.

vi. Consumer Surveys

A survey form was sent to the guardians of _____ and _____. Surveys were returned for _____. The surveys returned were very positive in their comments about services provided by the agency.

vii. Agency Consumer Satisfaction Surveys

Reach Inc. conducts its own consumer satisfaction surveys and reports on them in their corporation annual report.

6. Staffing

i. Screening / Hiring

Reach Inc. has significant procedures in place for assuring the acquisition of quality staff. A review of the background checks for five recent hires was satisfactory.

ii. Orientation / Training

There is a comprehensive checklist in place for orientation training for new staff. New material regarding HIPPA policies has been added to the orientation curriculum. There are also site-specific orientation lists and these are excellent. Training in many areas is ongoing for all staff. Staff are enrolled in DDCPT or CBT as needed. Mandt, First Aid and CPR are provided in-house. There is now a training contract that is signed by the staff person committing them to training and certifications. The staff development specialist was certified as a DDCPT proctor this year and is doing an excellent job with the curriculum.

iii. Staffing Ratios

There were no issues noted with staffing ratios during the time period of this report. Unannounced visits were conducted on a regular basis by this reviewer.

iv. Staff Surveys

Five staff surveys were conducted with residential staff. _____ (N.3rd), _____ (WAC) _____ Tracy), _____ (Willow), _____ Valley Creek) and _____ (Cedarview). Length of employment varied from six months to 1 ½ years. All did fairly well with the survey questions and it was readily apparent that the staff had received good training. It was apparent to this reviewer that staff struggled more this time with answers to questions about abuse/neglect reporting. They met the minimum for the survey but the answers were not as fluent as in the past.

7. Incident Management

i. APS

DDP has no record of any referrals to APS relating to employees of the agency for this time period. The lack of APS referrals regarding Reach Inc. staff is nothing short of remarkable!

ii. Incident Reporting

There is clear documentation that Reach Inc. consistently completes and distributes Incident Reports when warranted. There were no trends noted during this review period.

B. Work / Day/ Community Employment

1. Accomplishments

Reach continues to have a very high community vocational placement rate which was at 75% for the period.

2. Programmatic Deficiencies

None noted

3. Corrections to Deficiencies

None needed

4. Health and Safety

i. Vehicles

See above

ii. Consumers

iii. Medication Safety

See above

iv. Sites

The Work Activity Center is visited by this reviewer on a very regular basis. No hazards or concerns that warranted a QAOS were noted during the time period. Considerable effort is exerted by staff to keep work areas clean and in good repair. Reach Inc. is in the process of raising funds to replace the administrative offices and work center and is very close to reaching this goal.

5. Service Planning and Delivery

i. Individual Planning

A review of the annual IP document for _____ showed that all requirements were met.

ii. Leisure / Recreation

Not applicable

iii. Client Rights

See above

iv. Medical / Health Care

See above

- v. Emotionally Responsible Caregiving
See above.
- vi. Consumer Surveys
See above. A consumer survey form was sent to the guardian of
t was not returned.
- vii. Agency Consumer Satisfaction Surveys
See above

6. Staffing

- i. Screening / Hiring
See above
- ii. Orientation / Training
See above
- iii. Staffing Ratios
With monthly checks, staffing ratios met contract requirements for
each month of the period.
- iv. Staff Surveys
A staff survey was conducted with one staff person from the Work
Activity Center. was surveyed. She had been employed with
the agency about a year and did very well with the questions on the
survey.

7. Incident Management

- i. APS
DDP has no records of any APS referrals regarding work services
staff for the time period.
- ii. Incident Reporting
See above. No trends were noted for the time period.

C. Community Supports

- 1. Accomplishments
See above.
- 2. Programmatic Deficiencies
None noted
- 3. Corrections to Deficiencies
None needed
- 4. Health and Safety
 - i. Vehicles
 - ii. Consumers
 - iii. Medication Safety
See above
- 5. Service Planning and Delivery
 - i. Individual Planning

A review of the annual IP document for I showed that all requirements were met.

- ii. Leisure / Recreation
NA
- iii. Client Rights
See above.
- iv. Medical / Health Care
See above.
- v. Emotionally Responsible Caregiving
See above.
- vi. Agency Consumer Satisfaction Surveys
See above

6. Staffing

- i. Screening / Hiring
See above
- ii. Orientation / Training
See above
- iii. Staffing Ratios
NA
- iv. Staff Surveys
See above

7. Incident Management

- i. APS
No reports
- ii. Incident Reporting
See above

D. Transportation

- 1. Accomplishments
- 2. Programmatic Deficiencies
None noted, no complaints to DDP.
- 3. Corrections to Deficiencies
None needed

Conclusions

A. Findings Closed

QAOS submitted for icing of fire exits at Tracy St. complex on 1/28/04. Response received 1/29/04. Response satisfactory. See attached.

B. Findings Open / Plan of Correction

There are no findings open and no plans of correction in place.

Brad Johnson, M.S.
Quality Improvement Specialist
Developmental Disabilities Program, DPHHS

Date